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SEER Coding and Staging Manual +
Hematopoietic Project +
ICD-O-3 Coding Materials
Solid Tumor Rules -
2023 Revision History ←
Revision Archive ←
Histology Coding Clarifications
Historical Staging and Coding Manuals +
Grade Coding Instructions 2014
SEER Data Submission Requirements

Other Sites - May Update
Expand All Collapse All
Terms and Definitions
Multiple Primary Rules

Other Sites - March Update
Expand All Collapse All
Terms and Definitions

<https://seer.cancer.gov/tools/solidtumor/>

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Updates to Tables

- Specific Histologies, NOS, and Subtype/Variants Tables
 - Synonym's added/removed
 - Subtype/variant added/removed/modified
 - Rows added
- Behavior codes removed from all histology tables
 - Except when histology only occurs with one behavior code

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General Reminders

- How to use the STR's
 - When determining which version of STR's to use – **use the date of last occurrence**
 - 2007 MPH Rules: Tumors dx 2007 – 2017
 - Cutaneous melanoma rules -> 2007-2020
 - Other sites -> 2007-2022
 - 2018 STR's: Tumors dx 2018+
 - Exceptions:
 - Cutaneous melanoma rules -> 2021+
 - Other sites -> 2023+

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General Reminder cont.

- Carcinoma (8010) vs Adenocarcinoma (8140)
 - Equivalent or equal terms
 - When a histology type is stated with terms
 - Renal cell carcinoma and Renal cell adenocarcinoma – both coded to 8312
 - Not Equivalent or equal terms
 - When no statement of a specific histology type is stated with term
 - Carcinoma, NOS (8010) and Adenocarcinoma, NOS (8140)

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Priority Order for Coding Histology

- Use the priority order that precedes the histology rules for each site module
 - Will differ by site
 - Tissue path always takes precedence
 - Specific types of radiography/scans differ by site
- For conflicting information between the final diagnosis, synoptic report or CAP protocol:
 - Use the document that provides the **more specific histology**
 - The CAP Protocol should be used only when the final diagnosis or synoptic reports are **not** available

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Identifying Histology

- Two Rules
 1. Code the histology **prior** to neoadjuvant treatment
 - **Exception:** If initial diagnosis is based on histology from FNA, smears, cytology or a regional or metastatic site, and neoadjuvant given with resection to primary site – which identifies a different or specific histology – code histology from the primary site
 2. Code the histology using the following priority list and rules:
 1. Tissue or path from primary site
 2. Cytology
 3. Tissue/path from metastatic site
 4. Radiographic/Scan
 5. Code the histology documented by the physician

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Coding Histology

1. Code the most specific histology or subtype/variant, regardless of whether it is described as:
 1. The majority or predominant part of tumor
 2. The minority of tumor
 3. A component
 - Examples:
 - Adenocarcinoma with a component of papillary carcinoma – 8260
 - Adenocarcinoma with a papillary component - 8140
- Some site specific histologies need to meet a percentage – refer to the histology rules and appropriate histology table

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Coding Histology cont.

2. Code the histology described as differentiation or features/features of **only** when there is a specific ICD-O code for the “NOS with ____ features” or “NOS with ____ differentiation”
3. Code the specific histology described by ambiguous terminology (list follows) only when A or B is true:
 - A. The only diagnosis available
 - B. An NOS histology and a more specific (subtype/variant) described by ambiguous terminology
 - Specific histology is clinically confirmed by a physician OR
 - Patient is receiving treatment based on the specific histology

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Coding Histology cont.

4. Do not code histology when described as:
 - Architecture
 - Foci; focus; focal
 - Pattern

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The slide has a blue decorative bar on the left side with a white arrow pointing right. The main content area is white with a small "12" in the top right corner. The title "Breast: Histology Combo Codes" is in blue. Below it is a bulleted list of updates.

Breast: Histology Combo Codes

- **Duct & Lobular row**
 - Added 8519 (Pleomorphic lobular carcinoma)
 - Note 1 changed
 - Histologies may be a mix of in situ and invasive (formally said behavior's had to be the same)
 - Added examples of additional combinations of duct & lobular coded 8522/3
 - Intraductal & lobular carcinoma
 - Infiltrating duct & pleomorphic lobular carcinoma in situ
 - Infiltrating pleomorphic lobular carcinoma & ductal carcinoma in situ

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Breast M Rules

- M5: Abstract multiple primaries when pt has subsequent tumor after being clinically disease-free for greater than 5 years
 - New Note 6: When a breast resection was done and a subsequent tumor ID's in remaining chest wall, muscle, or skin **AND** there is no residual breast tissue ID in resected specimen – **this is a recurrence, not a new primary**
- M10: Abstract single primary when there are multiple tumors of carcinoma NST/duct and lobular
 - Note 1: Removed behavior requirement – now just needs to be in the same breast
 - New Note 4 – when a mixture of behaviors are present – use Histology rules to determine correct histology code

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Breast H Rules

- H8: Code the invasive histology when both invasive and in situ components are present (**see Notes 2 and 3 for exceptions**).
 - Exceptions to this rule:
 - Note 2: When a single tumor has **one** of the histologies listed, continue through the rules
 - Encapsulated papillary carcinoma with invasion/with invasive carcinoma, NST/invasive duct carcinoma
 - Solid papillary carcinoma with invasion
 - Note 3: When a single tumor has carcinoma NST/duct and lobular **with different behaviors**, continue through the rules
 - Applies to H24 as well

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Breast H Rules cont.

- **H15: Code duct carcinoma & lobular carcinoma 8522/3 when the final diagnosis is any of the following (see listing in manual)**
 - Rule rewritten and added more term combinations
 - New Note 1: Assign behavior code /3 even when an in situ histology is mixed with an invasive
 - Same update was done to H25 (multiple abstracted as single section)
 - Modified Note 4 – this is specific for 8500 and 8520, for all other histological combinations, continue through the rules

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Head and Neck Module

- **Added C754 (Carotid body) and C755 (Aortic body and other paraganglia) to module**
 - Table 9 updated for readability
- **Terms not Equivalent or equal**
 - P16 positive/negative NOT equivalent to HPV positive/negative (pre-2022)
 - SCC with prominent keratinization (8070) NOT equivalent to keratinizing SCC (8071)

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Head & Neck M Rules

- M6: Abstract multiple primaries when the patient has a subsequent tumor after being clinically disease-free for greater than five years after the original diagnosis or last recurrence
 - New note added:
 - Note 4: When the patient has more than one Head & Neck primary, it is often difficult to determine which primary recurred. **Use the last date of recurrence for any tumor to calculate the time interval.**
 - Remember to document any/all recurrences, especially when a new abstract is not going to be sent

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Head & Neck H Rules

- H1: Code the histology when only one histology is present
 - Note 4 clarified
 - Cases diagnosed **prior to 1-1-2022**: SCC, HPV positive (8085) and SCC, HPV negative (8086) are coded only when HPV status is determined by tests based on ISH, PCR, RT-PCR technologies to detect the viral DNA or RNA – **p16 is not a valid test to assign these histologies**
 - Added to Note 4
 - Cases diagnosed **1-1-2022 forward**: p16 test results **can be used** to code SCC, HPV positive (8085) and SCC, PHV negative (8086)

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Lung Module

- Table 1: Coding primary site
 - Infrahilar NOS added to Lung NOS C349 row
- Table 2: Combination/Mixed Histology Codes
 - Adenosquamous carcinoma 8560 row
 - **Pre-2023:** Dx must be adenocarcinoma NOS (8140) and squamous cell carcinoma NOS (8070)
 - **2023 forward:** Subtypes/variants of 8140 and 8070 can be coded to 8560
- No changes to the M or H rules

Malignant Brain & CNS Module

- Pilocytic astrocytoma/juvenile pilocytic astrocytoma – **BEHAVIOR CHANGE for 2023+**
 - Beginning 1-1-2023, all cases dx with pilocytic astrocytoma/juvenile pilocytic astrocytoma (9421) and new related terminology are to be reported with behavior /1 – See the Non-malignant CNS rules
 - Beginning 1-1-2-23, CODE 9421/3 will be valid for High Grade astrocytoma with piloid features (HGAP) ONLY
 - Coding instructions in remarks section for 9421/1 and 9421/3 have been updated

Non-Malignant Brain & CNS Module

- Reportability Criteria for Non-Malignant CNS Neoplasms – must meet all 3
 1. The behavior must be non-malignant /0 or /1
 - Pathology designates the tumor as non-malignant (/0 or /1) **OR**
 - **Diagnostic imaging definitively states the tumor as non-malignant (/0 or /1) OR – New!**
 - The tumor is a WHO Grade I
 2. The primary site must be reportable (see section 2, table 3 and 4)
 3. The histology must be reportable (see section 2, table 5 and 6)

- No changes to the M or H rules

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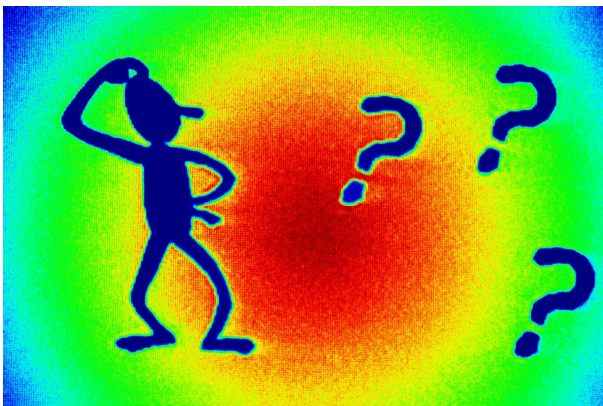
- Rule H8** Code single tumors with **two variants** as follows:
- Code **8721/3** when Nodular melanoma is mixed with:
 - Amelanotic melanoma **OR**
 - Desmoplastic melanoma **OR**
 - Epithelial cell melanoma
 - Code **8730/3** when amelanotic melanoma is mixed with:
 - Spindle cell melanoma, NOS
 - Code **8743/3** when Low cumulative sun damaged melanoma/superficial spreading melanoma is mixed with:
 - Desmoplastic melanoma **OR**
 - Nodular melanoma **OR**
 - Spindle cell melanoma
 - Code **8744/3** when Acral melanoma/acral lentiginous melanoma, malignant is mixed with:
 - All other melanoma subtype/variants listed in [Table 2](#)
 - Code **8745/3** when desmoplastic melanoma is mixed with:
 - Spindle cell melanoma, NOS
- Note 1:* Percentage of a subtype/variant is not used to determine histology for mixed melanomas
- Note 2:* If the mixed subtypes/variants are not included in this rule, continue to the next rule

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Urinary Module

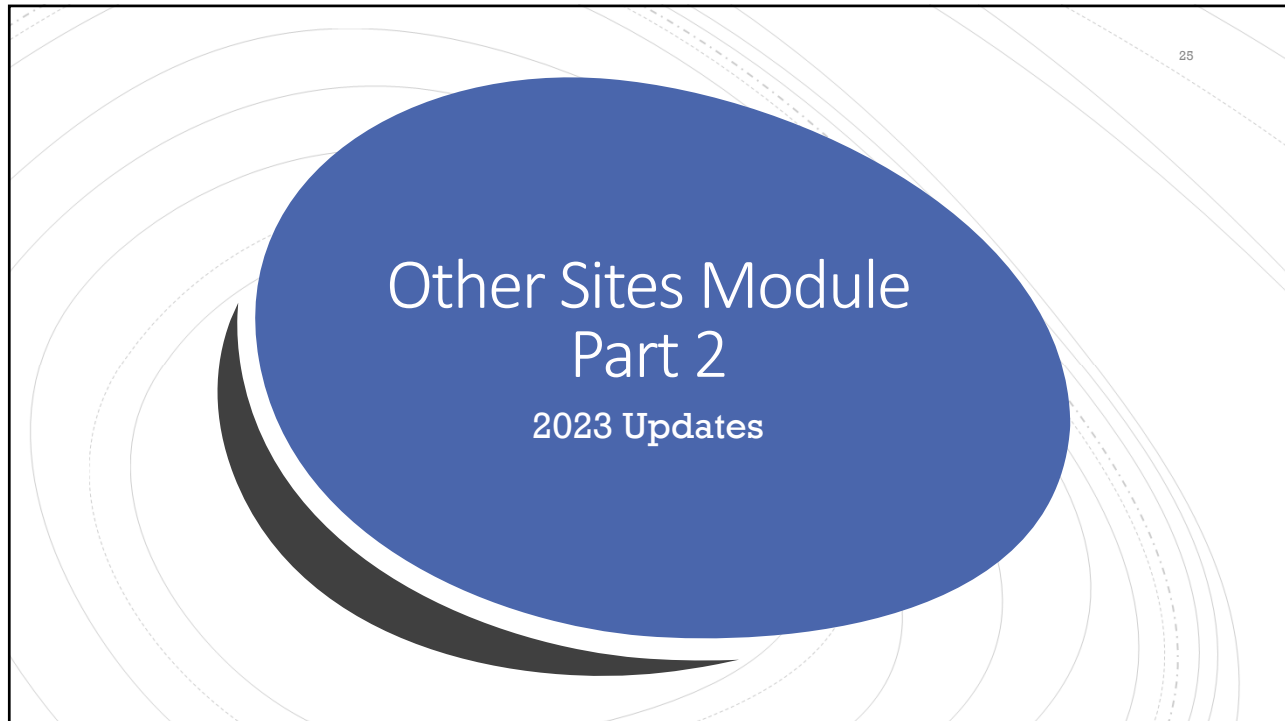
- Reminder: Papillary growth pattern is NOT equivalent to papillary urothelial carcinoma
- M10: Abstract multiple when patient has a subsequent tumor after being clinically disease-free for greater than 3 years after the original diagnosis or last recurrence
 - Note 1 modified: "This rule **does not** apply when both/all tumors are urothelial carcinoma of the bladder (all subtypes/variants of 8120 except for 8131).

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 An introduction slide for the "Other Sites Module". It has a blue decorative bar on the left side with a white arrow pointing right. The main content is on a white background with a small number "26" in the top right corner.

Introduction

- Module covers all sites not covered in any of the other STR modules
 - Breast, Colon, H&N, Kidney, Lung, Brain, Urinary, Melanoma (skin)
 - Lymphoma and Leukemia (Heme DB)
- Rules based on date of diagnosis of the current date
 - Tumors dx 2007 through 2022 – use 2007 MPH Rules
 - Tumors dx 2023 and forward – use new 2023 STR's
 - Examples:
 - 1st tumor found in 2005, 2nd tumor found in 2021 => Use the MPH rules
 - 1st tumor found in 2015, 2nd tumor found in 2023 => Use the 2023 STR's

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Changes from 2007 MPH Rules

- Code the histology from the most representative specimen
 - Changed to: Code the most specific histology from bx or resection. If two distinctly different histologies, code from the most representative specimen
- Histology tables for the majority of the site groups have been added
 - Some include additional coding instructions and notes for assigning the correct ICDO
 - Limit the number of site-based histology rules in new 2023 version
- Reminder – Rectum and Recto-sigmoid were included in the Colon STR's beginning in 2018

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Other Sites Modules Tables

- 21 tables in module
 - 19 site-specific histology tables
- Each applies to a site/site group and lists the common histologies for those sites
- Based on the most recent WHO books and/or CAP protocols
- Is **not** a complete list

IMPORTANT: Refer to tables when determining a histology codes

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Table Number	Table Title
Table 1	Paired Organs and Sites with Laterality
Table 2	Mixed and Combination Codes
Table 3	Prostate Histologies C619
Table 4	Testis Histologies C620, C621, C629
Table 5	Esophagus Histologies C150-C155, C158, C159
Table 6	Stomach Histologies C160-C166; C168, C169
Table 7	Small Intestine and Ampulla of Vater Histologies C170-C173, C178, C179, C241
Table 8	Anus Histologies C210-C212, C218
Table 9	Liver and Intrahepatic Bile Duct Histologies C220, C221
Table 10	Gallbladder and Extrahepatic Bile Ducts Histologies C239, C240, C248, C249
Table 11	Pancreas Histologies C250-C254, C257, C258, C259
Table 12	Thyroid Histologies C739
Table 13	Ovary Histologies C569
Table 14	Peritoneum Histologies C482
Table 15	Fallopian Tube Histologies C570
Table 16	Uterine Corpus Histologies C540-C543, C548, C549, C559
Table 17	Uterine Cervix Histologies C530-C531, C538, C539
Table 18	Vagina Histologies C529
Table 19	Vulva Histologies C510-C512, C518, C519
Table 20	Soft Tissue Histologies C490-C496, C498, C499
Table 21	Bone Histologies C400-C403, C408, C409

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C414	Pelvic bones (excluding sacrum, coccyx, symphysis pubis)
C441	Skin of the eyelid
C442	Skin of the external ear
C443	Skin of other and unspecific parts of the face (if midline, assign code 5)
C444	Skin of scalp and neck
C445	Skin of the trunk (if midline, assign code 5)
C446	Skin of upper limb and shoulder
C447	Skin of the lower limb and hip

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Table 2: Mixed and Combination codes

- How to use the table
 1. Compare the terms found in your diagnosis with those in column 1
 2. If the terms match – use the combination code listed in column 2

- Don't use table unless instructed to by the histology rules **OR**
 - Tumors with both invasive and in situ behavior
 - When one histology is described as “differentiation or features” of
 - When terms are NOS and a subtype/variant of that NOS

- Adenocarcinoma mixed subtypes (8255) is a “last resort” code

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Required Histology Terms	Histology Combination Term and Code 32
Hepatocellular carcinoma AND Cholangiocarcinoma	Combined hepatocellular carcinoma and cholangiocarcinoma 8180
Adenocarcinoma AND Carcinoid/neuroendocrine carcinoma(NEC)/neuroendocrine tumor (NET)	Mixed adenoneuroendocrine carcinoma/combined carcinoid and adenocarcinoma 8244
Adenocarcinoma AND At least two of the following: Papillary Clear cell Mucinous/colloid Signet ring Acinar	Adenocarcinoma with mixed subtypes/Adenocarcinoma combined with other types of carcinoma 8255 <i>Note:</i> Code 8255 does not apply to GYN primaries. Continue through the table to determine correct mixed histology code for GYN neoplasms.

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Required Histology Terms	Histology Combination Term and Code
Gyn malignancies with two or more of the following: Clear cell Endometrioid Mucinous Papillary Serous Squamous	Mixed cell adenocarcinoma 8323 <i>Note:</i> First refer to ICD-O-3.2 and ICD-O updates to confirm if the mixed histology has a specific code. Example: serous papillary adenocarcinoma is coded 8441 per ICD-O-3.2
Papillary thyroid carcinoma (includes subtype/variants) AND Follicular (includes subtype/variants)	Papillary carcinoma, follicular variant 8340 <i>Note:</i> First refer to ICD-O-3.2 and ICD-O updates to confirm if the mixed histology has a specific code. Example: Encapsulated follicular variant of papillary thyroid carcinoma is coded 8343 per Table 12

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Site-Specific Histology Tables

- 19 site-specific tables (Table 3 – Table 21)
- Coding notes before and within table
- Table contains 3 columns
 1. Specific and NOS histology terms and codes
 - Specific histology terms **do not** have subtypes/variants
 - NOS histology terms **do** have subtypes/variants
 2. Synonym's
 - Have **same** histology code as the specific/NOS terms in column 1
 3. Subtypes/Variants
 - Have **different** histology code as the NOS histology term in column 1 and 2

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Coding notes for acinar adenocarcinoma subtype/variants:

- **Ductal adenocarcinoma 8500/3:** In prostate biopsies, the term “adenocarcinoma of prostate with ductal features” should be used in the pathology report and is coded 8140/3. In order to code ductal adenocarcinoma 8500/3, the ductal component must comprise >50% of the tumor with the percentage reported and from a radical prostatectomy specimen.
- **Intraductal carcinoma of prostate 8500/2:** Intraductal prostate carcinoma is most often associated with invasive acinar adenocarcinoma of ductal carcinoma.
- **Mucinous adenocarcinoma 8480/3:** In order to code 8480/3, the mucinous adenocarcinoma component must comprise >25% of the tumor, so the diagnosis must be made only in excision specimens.
- **Sarcomatoid carcinoma 8572/3:** Exceedingly rare and most commonly occurs during the development of high-grade adenocarcinoma, especially after irradiation.
- **Signet ring cell-like adenocarcinoma 8490/3:** In order to code 8490/3, the signet-ring-like cells must comprise >25% of tumor, so the diagnosis must be made only in excision specimens.

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Table 17: Cervix Histologies

- **Uterine Cervix Coding Notes**
 - In situ carcinoma of cervix (/2), any histology is **NOT** reportable
 - p16 is a valid test to determine HPV status and can be used to code HPV related histologies – beginning with 2021 Dx year
 - Squamous cell carcinoma, HPV associated (8085/3)
 - Squamous cell carcinoma, HPV independent (8086/3)
 - Adenocarcinoma HPV associated (8483/3)
 - Adenocarcinoma HPV independent (8484/3)
 - Adenocarcinoma, HPV independent, mesonephric type (9110/3)

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Specific or NOS Terms and Code	Synonym	Subtypes/Variants
<p>Acinar adenocarcinoma 8140</p> <p><i>Note:</i> Ductal/intraductal adenocarcinoma 8500 is also a NOS with the following subtypes/variants:</p> <p>Cribriform adenocarcinoma 8201/3 Papillary adenocarcinoma 8260/3 Solid adenocarcinoma 8230/3</p>	<p>Acinar carcinoma</p> <p>Adenocarcinoma in situ 8140/2</p> <p>Adenocarcinoma, NOS 8140/3</p> <p>Adenocarcinoma with ductal features 8140/3</p> <p>Atrophic adenocarcinoma 8140/3</p> <p>Foamy gland adenocarcinoma 8140/3</p> <p>Microcystic adenocarcinoma 8140/3</p> <p>Pseudohyperplastic adenocarcinoma 8140/3</p> <p>Prostatic intraepithelial-like carcinoma 8140/3</p>	<p>Acinar adenocarcinoma, sarcomatoid variant 8572/3</p> <p>Ductal/intraductal adenocarcinoma 8500</p> <p>Cribriform adenocarcinoma 8201/3</p> <p>Papillary adenocarcinoma 8260/3</p> <p>Solid adenocarcinoma 8230/3</p> <p>Mucinous (colloid) adenocarcinoma 8480/3</p> <p>Signet ring-like cell adenocarcinoma 8490/3</p>

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Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Serous carcinoma, NOS 8441	<p>Serous intraepithelial carcinoma 8441/2</p> <p>Serous tubal intraepithelial carcinoma 8441/2</p> <p>Serous endometrial intraepithelial carcinoma 8441/2</p> <p>Serous cystadenocarcinoma, NOS 8441/3</p> <p>Serous adenocarcinoma 8441/3</p> <p>Serous papillary adenocarcinoma, NOS 8441/3</p>	<p>High-grade serous carcinoma/HGSC 8461/3</p> <p>Low-grade serous carcinoma/micropapillary serous carcinoma 8460/3</p> <p>Serous borderline tumor, micropapillary variant/serous carcinoma, non-invasive, low grade 8460/2</p>

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Multiple Primary Rules

- These are not used for tumors described as metastases

- Three sections
 - Unknown if single or multiple tumors: 1 rule (M1)
 - Single Tumor: 1 rule (M2)
 - Multiple Tumors: 19 rules (M3-M21)
 - Specific sites and histology rules: M3-M9

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Rule M1

“Abstract a **single primary** when it is not possible to determine if there are single or multiple tumors”

- Used as last resort
- Death certificate only cases

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Single Tumor: Rule M2

“Abstract a **single primary** when there is a single tumor”

- Notes:
 - The tumor may overlap onto or extend to another site/subsite – still only one tumor
 - Could be comprised of both in situ and invasive histologies

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Multiple Tumors – Rule M3

“Acinar Adenocarcinoma of the prostate (8140) is always a **single primary**”

- Notes
 - Patient has only one adenocarcinoma of prostate per lifetime

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Multiple Tumors – Rule M4

“Abstract **multiple primaries** when the patient has a subsequent **small cell carcinoma** of the **prostate** more than 1 year following a diagnosis of acinar adenocarcinoma and/or subtype/variant of acinar adenocarcinoma of prostate (Table 3)”

- Notes:
 - Small cell carcinoma of prostate is rare (< 1% of prostate cases)
 - Small cell carcinoma often occurs after ADVT and/or radiation tx for adenocarcinoma

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Multiple Tumors – Rule M5 & M6

Rule M5: “Retinoblastoma is always a **single primary** (unilateral or bilateral)”

Rule M6: “Kaposi sarcoma (of any site(s)) is always a **single primary**”

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Multiple Tumors – Rule M7

“Abstract a **single primary** when follicular and papillary tumors in the thyroid are diagnosed within 60 days and tumors are:

- Papillary thyroid carcinoma, NOS and follicular carcinoma, NOS **OR**
- Papillary carcinoma, follicular variant and papillary thyroid carcinoma **OR**
- Papillary carcinoma, follicular variant and follicular carcinoma **OR**
- Any papillary thyroid carcinoma subtype/variant and any follicular subtype/variant listed in Column 3, Table 12”

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Multiple Tumors – Rule M8

“Abstract **multiple primaries** when separate/non-contiguous tumors are anaplastic carcinoma and any other histologies in the thyroid”

- Note: Rule **does not** apply to tumors that are anaplastic and undifferentiated carcinoma

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Multiple Tumors – Rule M9

“Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a **single primary**”

- Tumors **must be** same histology **or** an NOS and subtype/variant
 - Same row in Table 13

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Multiple Tumors – Rule M10 & M11

Rule M10: “Tumors on both sides (right and left) of a site listed in Table 1 are **multiple primaries**”

Rule M11: “Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps is a **single primary**”

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Multiple Tumors – Rule M12

“Abstract **multiple primaries** when the patient has a subsequent tumor after being clinically disease-free for greater than one year after the original diagnosis or recurrence”

Notes:

- Clinically disease-free – no evidence of recurrence in same site on follow-up
- The time interval is calculated from the date of last recurrence – which could be dx date

Multiple Tumors – Rule M13

“Tumors with ICD-O-3 topography codes that are different at the second (C**X**xx) and/or third characters (C**x**X**x**) are **multiple primaries**”

Examples:

- A tumor in the pancreas (C259) and a tumor in the cervix (C539)
- A tumor in the small bowel (C170) and a tumor in the colon (C182)

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Multiple Tumors – Rule M14

“Tumors with ICD-O-3 topography codes that differ only at the fourth character (Cxx**X**) and are in any **one** of the following primary sites are **multiple primaries**.”

- Anus and anal canal (C21_)
- Bone, joints, and articular cartilage (C40_ to C41_)
- Connective subcutaneous & other soft tissues (C49_)
- Skin (C44_)

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Multiple Tumors – Rule M15 & M16

Rule M15 – “A de novo (frank) in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp are a **single primary**”

Rule M16 – “Multiple in situ and/or malignant polyps are a **single primary**”

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Multiple Tumors – Rule M17

“Abstract **multiple primaries** when separate/non-contiguous tumors are two or more different subtypes/variants in Column 3, Table 3-21 in the Equivalent Terms and Definitions”

- Tumors may be from the same or different NOS histologies
 - Same = on the same row in table
 - Different = on different rows in table

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Multiple Tumors – Rule M18

“Abstract a **single primary** when synchronous, separate/non-contiguous tumors are on the same row in Table 3-21 in the Equivalent terms and definitions”

- Same row means the tumors are :
 - The same histology (same four-digit) **OR**
 - One is the preferred term (column 1) and the other is a synonym (column 2) **OR**
 - An NOS (column 1 or 2) and the other is a subtype/variant (column 3)

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Multiple Tumors – M19

“Abstract **multiple primaries** when separate/non-contiguous tumors are on multiple rows in Table 3-21 in the Equivalent terms and definitions”

- Timing is irrelevant
- Each row in the table is a distinctly different histology

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Multiple Tumors – M20 & M21

Rule M20 – “Abstract **multiple primaries** when an invasive tumor occurs more than 60 days after an in situ tumor”

Rule M21 – “Abstract a **single primary** when there are multiple tumors that do not meet any of the above criteria”

End of Multiple Tumor Rules

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Histology Rules

- Four sections:
 - Single Tumor: In Situ Only (H1-H7)
 - Single Tumor: Invasive and In Situ (H8)
 - Single Tumor: Invasive Only (H9-H21)
 - Multiple Tumors Abstracted as a Single Primary (H22-H35)

- Start in the section that fits your case

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Single Tumor: In Situ Only

- Rule H1: “Code the histology documented by the physician when the pathology/cytology report is not available”

- Rule H2: “Code the histology when only one histologic type is identified”
 - Don’t code terms that don’t appear in histology description
 - Use Tables 3-21 to code histology

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Single Tumor: In Situ Only cont.

- Rule H3: “Code 8077/2 (squamous intraepithelial neoplasia, high grade) for the following:”
 - AIN, grade II or III
 - VAIN and VIN III
 - See rule for more

- Rule H4: “Code 8148/2 (glandular intraepithelia neoplasia, grade III for the following:”
 - PanIN III
 - BiIN III
 - See rule for more

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Single Tumor: In Situ Only cont.

- Rule H5: “Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) **only when:**
 - Adenocarcinoma/carcinoma in a polyp **OR**
 - Adenocarcinoma/carcinoma, and a residual polyp or polyp architecture is recorded in other parts of the pathology report **OR**
 - Adenocarcinoma/carcinoma and there is reference to residual or pre-existing polyp **OR**
 - There is documentation that the patient had a polypectomy

- For Dx 2023 forward: If final histology indicates a specific histology (subtype/variant), code the specific histology – applies to ALL sites

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Single Tumor: In Situ Only cont.

- Rule H6: “Code the subtype/variant when a NOS and a **single** subtype/variant of that NOS are present”
 - The specific type may be ID as type, subtype, variant or predominantly
 - Do not code architecture and pattern
 - Refer to Tables 3-21 as there may be exceptions to this rule

- Rule H7: “Code a combination code when there are **multiple** specific in situ histologies or when there is an NOS with multiple specific in situ histologies AND:
 - The combination is listed in Table 2 **OR** you receive a combination code from Ask a SEER Registrar

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Single Tumor: Invasive & In Situ

- One Rule

- Rule H8: “Code the **invasive** histology when both invasive and in situ components are present”

- Notes:
 - Use Tables 3-21, ICDO, and all ICDO updates if term containing both invasive and in situ histologies has a specific ICDO code
 - If term is not listed in any of the above – ignore the in situ term

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Single Tumor: Invasive Only

- Rule H9 to H21
 - Some are site and/or histology specific
- Some H-rules are the same as seen in Single Tumor: In Situ only section – but with behavior difference
 - Rule H9 (H1), H12 (H2), H13 (H5), H15 (H6) & H21 (H7)
- Rule H10: “Code the histology from a metastatic site when there is no pathology/cytology from the primary site”

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Single Tumor: Invasive Only cont.

- Rule H11: “Code **8140** (adenocarcinoma, NOS) for prostate primaries when the diagnosis is:
 - Acinar adenocarcinoma/carcinoma **OR**
 - Adenocarcinoma **OR**
 - Adenocarcinoma with ductal features **OR**
 - Atrophic adenocarcinoma **OR**
 - Foamy gland adenocarcinoma **OR**
 - Microcystic adenocarcinoma **OR**
 - Pseudohyperplastic adenocarcinoma **OR**
 - Prostatic intraepithelial-like carcinoma”

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Single Tumor: Invasive Only cont.

- Rule H14: “Code the subtype/variant for pancreas primaries when the diagnosis is ductal carcinoma/adenocarcinoma **AND** :”
 - Adenosquamous carcinoma **8560/3**
 - Colloid/mucinous carcinoma/adenocarcinoma **8480/3**
 - Hepatoid carcinoma **8576/3**
 - Large cell carcinoma with rhabdoid phenotype **8014/3**
 - Medullary carcinoma **8510/3**
 - Signet-ring/poorly cohesive carcinoma/adenocarcinoma **8490/3**
 - Undifferentiated carcinoma **8020/3**
 - Undifferentiated carcinoma with osteo-clast-like giant cells **8035/3**

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Single Tumor: Invasive Only cont.

- Rule H16: “Code anaplastic carcinoma of thyroid (**8021**) or undifferentiated carcinoma of thyroid (**8020**) when other thyroid histologies are present in a single tumor”
- Rule H17: “Code dedifferentiated carcinoma (**8020**) when mixed with endometrioid carcinoma/adenocarcinoma”
- Rule H18: “Code papillary carcinoma/adenocarcinoma of the thyroid to papillary adenocarcinoma, NOS (**8260**)”

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Single Tumor: Invasive Only cont.

- Rule H19: “Code papillary microcarcinoma of thyroid to papillary adenocarcinoma, NOS (**8260**)”

- Rule H20: “Code papillary carcinoma, follicular variant of thyroid (**8340**) when there are multiple papillary and follicular carcinoma subtypes/variants:”
 - Any papillary thyroid carcinoma subtype/variant and any follicular subtype/variant listed in Column 3, Table 12
 - Check Table 12 for two or more histology types that are combined into a single ICDO

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Multiple Tumors abstracted as a Single Primary

- Last Histology section
 - Rules H22 to H35
 - All (excluding one) repeat from previous sections

- Rule H28: “Code the histology of the **underlying tumor** when there is extramammary Paget disease and an underlying tumor of the anus, perianal region, or vulva”

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